

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/16/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/14/2008
NAME OF PROVIDER OR SUPPLIER  J. IVERSON RIDDLE DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 254	<p>483.440(e)(2) PROGRAM DOCUMENTATION</p> <p>The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews with facility staff on 5/14/08, the facility failed to incorporate a significant event that may impact his life into client #1's record. This affected 1 of 1 clients (#1). The finding is:</p> <p>Client #1 received body rubs while in a state of partial undress.</p> <p>Interviews with staff on 5/14/08 relayed the client receives visits approximately twice a week from a family member. During the visits, client #1's outer clothing is removed and his extremities and back are rubbed with body lotion by the family member. An additional interview with direct care staff conveyed that staff are intermittently present during these times and continuously available. Further interview with staff confirmed this routine has occurred for years.</p> <p>Additional interviews on 5/14/08 confirmed that management staff were aware but the situation had not been formally assessed and discussed by the team.</p> <p>During record review on 5/14/08 of client #1's record, no evidence was found showing an assessment or description of this event</p>	W 254			
W 264	<p>483.440(f)(3)(iii) PROGRAM MONITORING &amp; CHANGE</p>	W 264			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 264	<p>Continued From page 1</p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to assure the human rights committee (HRC) reviewed and monitored an event which involved potential client protection and rights issues. This affected 1 of 1 audit (#1). The finding is:</p> <p>The HRC was not apprised of an event regarding potential protection and rights issues for client #1.</p> <p>Review on 5/14/08 of client #1's chart revealed rights restrictions in the areas of behavior intervention including medication and restraints. There was no information in client #1's chart that privacy issues had been questioned by the team and protection of client #1's rights had been reviewed</p> <p>Interview with management on 5/14/08 revealed no documentation of concerns regarding client #1's rights during visitations had been completed, nor had any information concerning the team discussion of protecting these rights been presented to the HRC</p>	W 264			